

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7502	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/07/2018
NAME OF PROVIDER OR SUPPLIER BOULEVARD TERRACE REHABILITATION AND NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1530 MIDDLE TENNESSEE BLVD MURFREESBORO, TN 37130		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments A licensure survey and complaint investigation #43081, #43322 and #43654 were completed on 3/5/18 to 3/7/18 at Boulevard Terrace Rehabilitation and Nursing Home. No deficiencies were cited related to the licensure survey and complaint investigation #43081, #43322 and #43654 under Chapter 1200-8-6, Standards for Nursing Homes.	N 000		

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Kerry B. Wri

STATE FORM

6890

K5H011

TITLE

Administrator

(X6) DATE

3/27/18

If continuation sheet 1 of 1

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7502	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 02 - BOULEVARD TERRAACE NURSING HOME B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2018
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NAME OF PROVIDER OR SUPPLIER BOULEVARD TERRACE REHABILITATION AND	STREET ADDRESS, CITY, STATE, ZIP CODE 1530 MIDDLE TENNESSEE BLVD MURFREESBORO, TN 37130
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N 831	<p>1200-8-6-.08 (1) Building Standards</p> <p>(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observation, the facility failed to maintain the physical plant and overall environment.</p> <p>The findings included:</p> <p>Observation on 03/05/2018 at 12:45 AM, revealed 5 improper drywall patches (drywall fastened over existing drywall with joints fire caulked) in the ceiling of the outside boiler room. NFPA 101, 8.3.1.2* (2012 Edition) NFPA 101, 8.3.4.1 (2012 Edition)</p> <p>Maintenance staff was present when these deficiencies were identified and the administrator acknowledged these deficiencies during the exit conference on 03/05/2018.</p>	N 831	<p>N 831</p> <ol style="list-style-type: none"> 1. The 5 drywall patches fastened over existing drywall with joints fire caulked in the ceiling of the outside boiler room were removed and replaced with proper drywall board, tape and mud by the Plant Operations Manger (POM) on 3/8/2018. 2. An audit was done on 3/20/2018 by the Plant Operations Manager (POM) to ensure the facility was in compliance with N831 by assessing all ceilings through facility. No further discoveries were noted. 3. Education was done on 3/20/2018 by facility Administrator with the Plant Operations Manager and Plant Operations Assistant on the importance of proper ceiling drywall repairs. 4. Weekly audits will be done by the Plant Operations Manager (POM) or designee to ensure any and all ceiling repairs are completed in compliance with NFPA 101, 8.3.1.2 *(2012 Edition) NFPA 101, 8.3.4.1 (2012 Edition). <p>Audit results will be reviewed at the Quality Assurance Process Improvement meetings x 2 months, then re-evaluate need to continue monitoring thereafter.</p>	3/20/2018

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Kerry B. Quinn

TITLE

Administrator

(X6) DATE

3/27/18